

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7358

700
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 5102 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Bates County.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, West Boone Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, West Boone Twp.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>At Rural Home, West Boone Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>6 Mi. S/E Drexel, Missouri</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DARTHULEY</u> b. (Middle) <u>BISHOP</u> c. (Last) <u>LICKLIDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 9, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 5, 1863.</u>
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 24 HRS. Days <u>4</u> Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Household Duties.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home.</u>	11. BIRTHPLACE (State or foreign country) <u>Scott County, Virginia.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Bishop</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Carter.</u>		14. NAME OF HUSBAND OR WIFE <u>C. O. Licklider.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carrie Holland.</u>		ADDRESS <u>Drexel, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral Arterio sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis Agitans.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>10yr</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 23</u> , 194 <u>1</u> , to <u>Apr 9</u> , 194 <u>9</u> , that I last saw the deceased alive on <u>5.31</u> , 194 <u>6</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Bone operator in D U</u>		23b. ADDRESS <u>Drexel, Mo.</u>	23c. DATE SIGNED <u>4/9/49.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	24b. DATE <u>4/10/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Drexel, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4/9/49</u>	REGISTRAR'S SIGNATURE <u>L. H. Mangold</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Drexel, Mo</u>

STATEMENT BY LICENSED EMBALMER

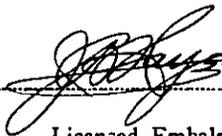
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~_____~~

~~Student Embalmer No.~~

~~working under personal supervision.~~

~~Student _____~~
Student Embalmer

Signed _____



Licensed Embalmer No. 1950

P. O. Address. Dreikil, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.